

**COLORADO SCHOOL ASTHMA CARE PLAN:**



Photo of Child

NAME:	BIRTH DATE:
TEACHER:	GRADE:
PARENT/GUARDIAN:	CELL PHONE:
HOME PHONE:	WORK PHONE:
OTHER CONTACT:	PHONE:
PREFERRED HOSPITAL:	

Triggers: ☐ Weather (cold air, wind) ☐ Illness ☐ Exercise ☐ Smoke ☐ Dog/Cat ☐ Dust ☐ Mold ☐ Pollen

Other: \_\_\_\_\_

☐ Give 2 puffs of \_\_\_\_\_ rescue med ☐ 15 minutes before activity ☐ Indications ☐ Phys Ed class

☐ Exercise/sports ☐ Recess

Explanation:

☐ Repeat in 4 hours if needed for additional or ongoing physical activity

**YELLOW ZONE: SICK – UNCONTROLLED ASTHMA (Health provider complete dosing for rescue inhaler)**

IF YOU SEE THIS:	DO THIS:
<ul style="list-style-type: none"> <li>• Difficulty breathing</li> <li>• Wheezing</li> <li>• Frequent cough</li> <li>• Complaints of chest tightness</li> <li>• Unable to tolerate regular activities but still talking in complete sentences</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Stop physical activity</li> <li>• <b>GIVE RESCUE MED (NAME):</b> _____  <input type="checkbox"/> 1 PUFF <input type="checkbox"/> 2 PUFFS <input type="checkbox"/> OTHER:  <input type="checkbox"/> VIA SPACER</li> <li>• If no improvement in 10-15 minutes, repeat use of rescue med:  <input type="checkbox"/> 1 PUFF <input type="checkbox"/> 2 PUFFS <input type="checkbox"/> OTHER:  <input type="checkbox"/> VIA SPACER</li> <li>• If student's symptoms do not improve or worsen, call 911</li> <li>• Stay with student and maintain sitting position</li> <li>• Call parents/guardians and school nurse</li> <li>• Student may resume normal activities once feeling better</li> </ul>

- **IF THERE IS NO RESCUE INHALER AT SCHOOL:**
  - CALL PARENTS/GUARDIANS TO PICK UP STUDENT AND/OR BRING INHALER/MEDICATIONS TO SCHOOL
  - INFORM THEM THAT IF THEY CANNOT GET TO SCHOOL, 911 MAY BE CALLED

IF YOU SEE THIS: RED ZONE -SEVERE UNCONTROLLED ASTHMA	DO THIS IMMEDIATELY:
<ul style="list-style-type: none"> <li>• Coughs constantly</li> <li>• Struggles or gasps for breath</li> <li>• Trouble talking (only able to speak 3-5 words)</li> <li>• Skin of chest and/or neck pull in with breathing</li> <li>• Lips or fingernails are gray or blue</li> <li>• ↓ Level of consciousness</li> </ul>	<ul style="list-style-type: none"> <li>• <b>GIVE RESCUE MED (NAME):</b> _____  <input type="checkbox"/> 1 PUFF <input type="checkbox"/> 2 PUFFS <input type="checkbox"/> OTHER:  <input type="checkbox"/> VIA SPACER</li> <li>• <b>Call 911 Inform attendant the reason for call is ASTHMA</b></li> <li>• Call parents/guardians and school nurse</li> <li>• Encourage student to take slower deeper breaths</li> <li>• Stay with student and remain calm</li> <li>• <i>School personnel should not drive student to hospital</i></li> </ul>

**INSTRUCTIONS FOR RESCUE INHALER USE: HEALTH PROVIDER: PLEASE CHECK APPROPRIATE BOX**

☐ Student has life threatening allergy, the EpiPen is located: \_\_\_\_\_

HEALTH CARE PROVIDER SIGNATURE

PLEASE PRINT PROVIDERS NAME

START DATE

END DATE

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Care Plan for my child.

PARENT SIGNATURE

DATE

SCHOOL NURSE SIGNATURE

DATE

Copy of plan provided to: ☐ Teachers ☐ Phys Ed/Coach ☐ Principal ☐ Main Office ☐ Bus Driver ☐ Other ☐ 504 Plan or IEP